

### COMPLAINT TRANSFER

**NOTICE TO RECEIVING LOCAL CHILD SUPPORT AGENCY:** The attached Request for Complaint Resolution is being transferred to your county for resolution. If you believe the complaint is not within your county's jurisdiction, please contact the local child support agency representative identified below within five (5) business days.

**NOTICE TO COMPLAINANT:** This is to let you know that your complaint has been transferred to another county. No action is required from you at this time. The new county will notify you within five (5) business days of their receipt of the complaint. If you need more information, you may contact your Local Child Support Agency.

**COMPLAINT TRANSFERRED TO (county):**

**ON (date):**

DATE ORIGINAL COMPLAINT RECEIVED IN TRANSFERRING COUNTY	LCSA CASE NUMBER
COMPLAINANT'S NAME	TELEPHONE NUMBER (   )   -
COMPLAINANT'S MAILING ADDRESS	FAX NUMBER (   )   -
COUNTY:	EMAIL ADDRESS

**REASON FOR COMPLAINT TRANSFER**

NAME OF TRANSFERRING LCSA (COUNTY)	NAME OF TRANSFERRING LCSA REPRESENTATIVE	
SIGNATURE OF TRANSFERRING LCSA REPRESENTATIVE	TELEPHONE NUMBER (   )   -	DATE



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